



Benito Pena, an optometry student at the University of Houston School of Optometry, refracts a patient to replace lost glasses at the Reliant Arena/Astrodome Health Complex in Houston. Hurricane Katrina evacuees were also treated for red eyes, infections and glaucoma. The school of optometry has committed to serving evacuees over a long term.

## Optometric community responds to hurricanes

In response to the loss of practices and homes by hundreds of optometrists, the optometric community has responded with unprecedented generosity.

As of press time, more than a quarter million dollars has been contributed to the Optometric Disaster Relief Fund.

Essilor of America and Vision Service Plan have each contributed \$100,000.

The fund is designed to provide immediate financial

relief for all optometrists who have experienced the loss of or severe damage to their practice and/or home.

The fund is administered by the American Optometric Institute (AOI), a Missouri non-profit corporation established by the American Optometric Association.

The AOI is providing each optometrist who completes a brief grant application, a \$2,000 grant to provide for critical and urgent needs such as food, clothing and shelter.

Although originally set up as a way to aid optometrists who suffered losses from Hurricane Katrina, the funds will be available for future losses by optometrists in disasters.

Contributions to the AOI Disaster Relief Fund have been made by more than 150 individuals. Organizations that have contributed include Advanced Medical Optics, Alcon, Arkansas Optometric Association, CIBA,

*see Response, page 19*

## InfantSEE™ team assesses first months' success

Following a national launch never before seen for an AOA program, the InfantSEE™ public health initiative is gaining recognition from America's parents.

As of press time, at least 1,700 InfantSEE™ Clinical Assessment forms have been returned to AOA. The figure does not necessarily correlate to the number of patients seen; forms are returned to the administrators of the program at the discretion of the participating optometrist.

A nationwide total of 6,900 InfantSEE™ optometrists are offering the first assessment of an infant's life at no cost to the family and without billing governmental or private health insurance coverage, as long as the child is assessed within the first 12 months of life.

The InfantSEE™ Committee of the AOA has been monitoring the feedback of optometrists and state affiliates of AOA, and members say they are very satisfied with the initial success of the program.

Every time an infant's eyes are assessed by an AOA member, a report is to be generated and sent to AOA.

Committee Chair Scott Jens, O.D., of Middleton, WI, reported, "I have received comments from optometrists across the nation who are including infant eye assessments in their pri-

mary care services. Many doctors report having provided dozens of assessments in their clinic settings since early July."

Organizers are working to raise awareness and acceptance of the program by focusing on three areas: media awareness, outreach to other health care providers and adding participating optometrists.

### Media

In the three months since the "birth" of InfantSEE™ on the Today show on June 8, 2005, more than 30 million viewer, listener and reader impressions have been delivered through a variety of media, including appearances by optometrists on television news programs, in *USA Today*, and other media.

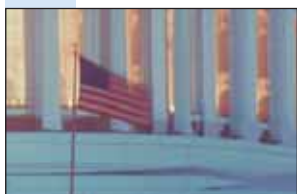
### Other health professionals

In late June, AOA representatives met with Surgeon General Richard Carmona, M.D., who warmly received a report on the InfantSEE™ program. (See *AOA News*, July 11, 2005.)

"I commend the American Optometric Association for their efforts to improve the health and well-being

*See InfantSEE™, page 8*

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Reference:

1. Mikasova DL, Katsion H, McQueen N, Stone R. Dynamic wetting behavior of pHEMA/MMA and siloxane hydrogel contact lenses. Abstract and poster presentation ARVO; April 2008.

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# President's Column

## Speaking up in DC

**W**ith the college football season upon us, fans across the nation are studying the polls to see where their favorite teams rank.

As Congress swings into its busy fall schedule, Capitol Hill insiders are analyzing a different set of rankings. The Center for Responsive Politics ranks the size of political action committees, or PACs, and these rankings are studied carefully by law-makers and their political organizations.

The size of a PAC is viewed as a measure of an organization's political clout. For the 2004 election cycle, optometry's AOA-PAC ranked No. 8 among all health sector PACs. Ranked just behind AOA-PAC at No. 9, and in hot pursuit, was the American Academy of Ophthalmology's political action committee.

The rankings are important because our federal advocacy efforts are taking on even greater importance with the changing landscape in health care.

Whether it is compliance requirements under HIPAA or the Medicare physician fee schedule, Washington is playing an increasingly larger role in dictating

health policies for all health care professionals.

Promoting optometry's issues before Congress and federal regulators would be daunting enough even if the AOA was operating in a vacuum.

However, as the PAC rankings illustrate, other professions are actively promoting their agendas, which in some cases are at crosscurrents with ours.

*In order to continue to advance our profession, serve our patients and safeguard our rightful role in primary health care, we must always be vigilant, effective and proactive.*

This poses an enormous challenge for the AOA. While we pursue vigorously policies that would enable AOA members to better serve their patients, we must also fend off other initiatives that would harm our profession and patient care.

An example of this type of activity occurred this summer when we heard reports that ophthalmologists were seeking to undercut the practice authority of optometrists in the Indian Health Service.

While this effort,

which was clearly motivated by factors other than an interest in patient care, was successfully blunted by our rapid response, it does demonstrate what has become a Washington reality.

In order to continue to advance our profession, serve our patients and safeguard our rightful role in primary health care, we must always be vigilant, effective and proactive.

AOA devotes considerable resources to ensure a strong optometric presence on Capitol Hill and among the regulatory agencies.

A well-funded PAC is one of the three pil-

lars of our profession's advocacy efforts in Washington, along with an active Keyperson grassroots network and our dedicated government affairs staff.

With these resources working in concert, the AOA's federal advocacy efforts have achieved many legislative and regulatory victories.

One of our top priorities for this fall is to secure a favorable resolution to the perennial problem surrounding the Medicare physician

*see President, page 14*



**Richard L. Wallingford, O.D.**

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Soldiers from the National Guard clean up the beach in Pass Christian, MS, near the former practice of James Benigno, O.D. FEMA/Mark Wolfe



A home stands above the rubble in Gulfport, MS, the town where Hedy Walker, O.D., practiced. FEMA/Mark Wolfe

## ODs start to rebuild

### Former office still a 'demolition zone'

James Benigno, O.D., had eight years to practice in his office, but only four hours to pack its contents and evacuate before it was destroyed by Hurricane Katrina.

Dr. Benigno's office was located 850 feet from the ocean in Pass Christian, MS, which is approximately 60 miles east of New Orleans.

Dr. Benigno was able to save some items he thought would be critical in setting up an office, but he had to leave things like his finishing lab and patient charts.

"It's still a demolition zone," said Dr. Benigno. "My office is just a slab — no frame. All the equipment I didn't pack is gone."

Dr. Benigno drove more than 14 hours to evacuate to Houston, where he is temporarily located.

He is now in the process of trying to re-establish a practice in Mississippi. The

Harrison County zoning department will allow him to set up a mobile unit on property he borrowed from a family member, which is located in a residential area.

There is one problem with Dr. Benigno's plans: He needs wind and flood insurance coverage before he will be able to receive a mobile office and service from General Electric's Modular Space.

That is virtually impossible right now. He is hoping to get a waiver for the contract or get the Federal Emergency Management Agency to help.

He does plan to rebuild his practice in Pass Christian within a five-mile radius of his previous location.

"Just not 850 feet from the water," he pointed out.

Dr. Benigno's house fared better in the hurricane than his office. It suffered wind damage and will need a new roof.

Dr. Benigno plans to house his sister, brother-in-law and their four children, who lost their home in the hurricane.

"I appreciate all that the MOA (Mississippi

Optometric Association) and the AOA have done," Dr. Benigno said. "They have been very helpful. They tracked us down and found out what we needed."

**Note:** At press time, most affected Louisiana ODs remained unreachable. Look for their stories in an upcoming AOA News.

## Practice vanishes for Gulfport OD

Before Aug. 29, 2005, the office Hedy Walker, O.D., shared with an ophthalmologist was located on beachfront property in Gulfport, MS.

Today, Dr. Walker doesn't know where the remains of her office are located.

Hurricane Katrina devastated the part of Mississippi where Dr. Walker both practiced and lived.

She has not been allowed to view the area where her office was located on U.S. Highway 90, but the ophthalmologist who owns the space reported that one wall was still standing. Otherwise, just a few papers are all that's left of her former workplace.

Dr. Walker has not made future plans and is unsure if they will include rebuilding in the same location, but notes that office space is hard to come by.

"As far as seeing patients, it's just hard to know," Dr. Walker said. "I've had several offers of temporary work, but my main priority is getting the house to where it's salvageable."

At one time, the house where Dr. Walker, her husband and 2-year-old daughter lived was filled with 3.5 feet of water. The roof sustained major damage that con-

tributed to the water problem inside the house. Now there's a mess of carpet, sheet rock, furniture and other belongings, Dr. Walker said.

"The hardest part is seeing my daughter's things scattered around," she said.

Dr. Walker and her family spent over a week living out of a tent similar to ones used for circuses. They slept on cots and used portable showers and restrooms.

The 25 people using the tent, which was capable of holding hundreds, were later moved to a hotel ballroom after the Federal Emergency Management Agency contacted Cingular Wireless and arranged the trade.

Dr. Walker doesn't know how long it will be before they can return home. An insurance adjuster came to the house, saw what was left and immediately informed them that they were maxed out on content coverage, Dr. Walker said. Insurance will cover \$100,000 for contents, but she does not yet have an estimate of how far short that is of the actual cost of their loss.

Dr. Walker had some advice for others, "Just think about your insurance and think about increasing your coverage."

## Work Hard, Play Hard

You work hard providing the best possible eye care to patients who depend on you. You need the latest up-to-date information. Get it from the most knowledgeable, experienced optometrists as they share their extensive clinical expertise with you. And after 4 hours a day of the finest education available, play just as hard, as you enjoy the best beaches, the finest fare, the most luxurious resorts and the release you deserve for working so hard.

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## Katrina puts health legislation in limbo

**C**ongressional focus on addressing the needs of the Gulf Coast in the wake of Hurricane Katrina has thrown the timetable for action on a number of health care issues into question, according to the AOA Advocacy Group.

"The status of pending legislation on health information technology, help for physicians facing payment cuts under Medicare and establishing a pay-for-performance system under Medicare are unclear at this point in the congressional session," AOA Advocacy Group Director Jon Hymes noted in the AOA Federal Government Relations Center's September legislative report.

Lawmakers had been expected to address all of those issues this fall.

Restoration and relief in hurricane-ravaged areas will place new demands on the already-strained federal budget, a key Congressional aide told AOA Advocacy Group representatives last month.

That will make it difficult for lawmakers to pass and fund legislation sought by AOA and other health provider organizations, to prevent further anticipated cuts in Medicare physician payments, the aide said.

Medicare's proposed Part B fee schedule for 2006 calls for physician payments to be cut 4.3 percent effective Jan. 1.

The proposed cuts are widely attributed to the Sustainable Growth Rate, a factor in

Medicare's physician fee-setting formula, which ties reimbursement rates to the recent performance of the overall U.S. economy.

In line with a recommendation from the Medicare Payment Advisory Commission (MedPAC), the body created by Congress to advise lawmakers on Medicare reimbursement issues, AOA and other health provider groups are asking Congress to change the Medicare fee formula, eliminating the Sustainable Growth Rate.

The proposed changes would effectively give Medicare Part B providers a 2.7 percent increase in reimbursements, instead of the expected cut in 2006, and help prevent volatile shifts in Medicare Part B reimbursement levels in the future.

Congress has intervened in the Medicare Part B fee-setting process once, with provisions in the Medicare Modernization Act (MMA) of 2003, which spared Part B providers a scheduled 3.7 percent pay cut in 2004 and a 4.5 percent cut in 2005, providing instead a moderate 1.5 percent increase each year.

However, it may be difficult for Congress to do so again.

The Congressional Budget Office has said eliminating the Sustainable Growth Rate (SGR) formula would cost about \$154 billion over 10 years. The Bush administration has put the cost at \$183 billion.

Congress has already allocated more

than \$60 billion for Katrina-related relief efforts, and it is expected that it will need to provide even more funding.

Key lawmakers are continuing to press the Centers for Medicare and Medicaid Services (CMS) to remove the cost of prescription drugs from the physician payment formula, which would reduce the cost of legislation to change the fee-setting formula by as much as \$111 billion.

CMS has said legal considerations may prevent it from taking this step. Congressional aides expect CMS to make a decision on the issue soon.

### Medicare pay-for-performance

AOA Advocacy Group staff, as well as representatives from other organizations representing non-MD health providers, met with Trent Haywood, M.D., CMS deputy chief clinical officer, Sept. 13 to discuss Medicare's ongoing study of a possible pay-for-performance (PFP) program.

Similar to programs already implemented by some private sector insurance plans, the Medicare PFP program would reward practitioners who meet statistically demonstrated quality of care measures.

AOA representatives had met with Dr. Haywood previously to discuss the implications of a PFP program.

However, last month's meeting represented CMS's first formal attempt to ensure

input from a spectrum of non-MD providers in the development of the any Medicare pay-for-performance program.

The American Medical Association has agreed Medicare should look at the implementation of a pay-for-performance program.

A second meeting with non-MD groups has been scheduled.

### Student loan programs

The Senate Education Committee introduced and marked up a bill (S. 1614) to renew the Higher Education Act. The act authorizes the federal student loan programs, accreditation programs and other related programs.

Student borrowers would get a break under the Senate bill version of the bill.

The Senate bill would allow those taking out education loans to lock in lower interest rates than would be allowed under the House bill (HR 609).

In addition, the Senate bill would lower the cap on interest rates from the current variable rate cap of 8.25 percent down to a fixed rate of 6.8 percent.

The Senate version of the bill would also allow borrowers to continue to lock in fixed interest rates for loan consolidation.

The full House had not yet voted on its version of legislation to reauthorize the Higher Education Act as this edition of the *AOA News* went to press. Similarly

At press time, many ODs remain unable to return to their homes or practices. To help them, the American Optometric Institute has set up an Optometric Disaster Relief Fund. To contribute, visit [www.aoa.org](http://www.aoa.org), call 800 365-2219 or write AOI Optometric Disaster Relief Fund, 243 N. Lindbergh Blvd., St. Louis, MO 63141-7881.

see Legislation, page 6

## Legislation, from page 5

the full Senate had not scheduled action on its bill.

Legislation to help ease the student loan burden for optometry school graduates is a top AOA legislative priority this year.

### Coalition on 'incident to' services

AOA is among the members of the new Coalition to Preserve Patient Access to Physical Medicine and Rehabilitation Services, formed to address concerns over a recently proposed Medicare regulation on therapy services.

The AOA Low Vision Rehabilitation Section (AOA-LVRS) fears that the regulation, as written, could inadvertently hinder the providing of low vision rehabilitation services.

The proposed regulation came after a physician reportedly began hiring exercise instructors as "physician extenders" to provide therapy services covered by Medicare.

Organizations representing physical and occupational therapists lobbied to bring a halt to this practice.

Medicare covers specified therapy services provided by a Medicare physician, or by a physical therapist or an occupational therapist who is employed by, supervised by, or providing care "incident to" the care of the physician.

A previous Medicare program memorandum had clearly provided Medicare physicians some latitude in delegating other types of personnel to assist with therapy-related services. However, the proposed new regulation is designed to specifically restrict practitioner discretion regarding who

can provide such services.

As a result, "even though a Medicare physician can personally provide therapy procedures . . . only physical therapists, occupational therapists and speech language pathologists can provide incident to physicians' services," an AOA Federal Relations Committee bulletin noted.

Optometrists who provide low vision care often utilize staff members to assist with low vision rehabilitation services, the AOA Low Vision Rehabilitation Sections notes.

AOA has asked the U.S. Centers for Medicare and Medicaid Services to specifically exempt low vision services from the regulation.

Other members of the new coalition include the American Academy of Family Physicians and the American Academy of Pediatrics.

AOA Low Vision Rehabilitation Section Chair Tracy Williams, O.D.; AOA Advocacy Group Director Jon Hymes; and AOA Director of Professional Relations Kelly Hipp recently met with Linda Merrill, president and CEO of Envision, Inc., and Deborah Outlaw, the lobbyist for the National Vision Rehabilitation Association, to discuss the coalition's strategy regarding "incident to" services and related issues.

### Medicaid reform

AOA is hoping to forge an alliance with the American Dental Association (ADA) and other health care providers to prevent enactment of Medicaid reforms that would adversely affect the providing of vision care and other services to

children.

Both House and Senate leaders are promising to enact changes in the Medicare Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT), recommended by the National Governors Association.

The proposed changes are to be included in federal budget reconciliation legislation calling for a \$10 billion funding cut in Medicaid spread out over the next 5 years.

While the governors' recommendations may help ease state costs for Medicaid, they could negatively impact the availability of optometric vision care for children covered by the health program, the AOA Advocacy Group notes.

At press time, AOA and ADA were considering drafting a letter to the House Energy and Commerce Committee, which is handling this legislation, asking lawmakers to maintain the EPSDT program in its present form.

The committee had hoped to present its reconciliation bill by Sept. 16, 2005. But the unresolved role that Medicaid will play in providing health services to victims of Katrina may have caused a delay.

### Rural Eye Care Policy Meeting

AOA and the National Rural Health Associations were preparing to convene a first-of-its-kind joint Rural Health Eye Care Policy Meeting, as this AOA News went to press.

The day-and-a-half-day, invitation-only meeting, Sept. 27-28 in Alexandria, VA, was called to review the state of optometric rural eye care, identify barriers that stand in the

way of that care, and develop coherent policy recommendations to the federal Office of Rural Health that address manpower, education and service delivery.

The meeting was made possible through a grant from the Office of Rural Health Policy.

### Carrier advisory meeting

More than 65 optometrists had registered for the AOA Carrier Advisory Committee (CAC) meeting, Sept. 22-25 in Baltimore, MD, as this AOA News went to press.

Meeting attendees were to be updated on a variety of topics related to Medicare coverage by staff from the Centers for Medicare and Medicaid Services (CMS).

Andrew Bloeschichak, M.D., MBA, CMS vice president of clinical affairs and the contractor medical director for Highmark of Pennsylvania, was scheduled to speak on the future of the CAC process as well as conflicts between local coverage decisions and national coverage decisions.

Patrick Gallagher, director of the American Medical Association's Department of Physician Payment Policy and Systems, was scheduled to speak on the Relative Value Update process.

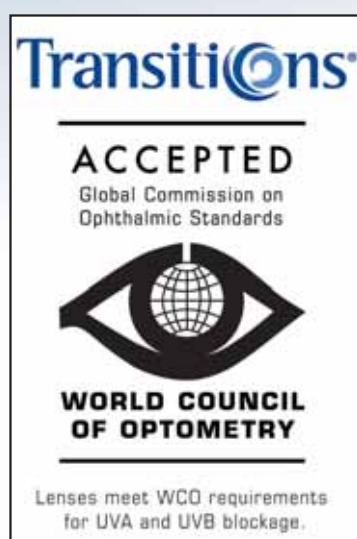
Presentations on coding and managed care issues by members of the AOA's Eye Care Benefits Center were also scheduled.

### PPAC

The American Optometric Association

see Legislation, page 14

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## InfantSEE™, from page 1

of all Americans, and I look forward to partnering with AOA to advance the 2005 agenda of the Office of the Surgeon General: "The Year of the Healthy Child," said Dr. Carmona. "I particularly want to thank the nearly 7,000 optometrists nationwide who are participating in InfantSEE™ for all they are doing to provide much-needed eye care services to America's children."

As Dr. Carmona is serving his program, "The Year of the Healthy Child" throughout 2005, it is hoped that he will join AOA for further events to help America's parents learn about InfantSEE™.

Early indications point to general acceptance from the affiliated medical community as well.

AOA held a meeting with the administrative staff and a small number of key leaders of the American Academy of Pediatrics in early June, assuring leading pediatricians that the InfantSEE™ program would be presented as complementary to the valued eye screening service that pediatricians have offered to America's babies for decades.

In the August edition of the *AAP News*, AOA offered an "open letter" to pediatricians pledging AOA's intent to cooperate with the members of the AAP.

### Practitioner participation

Meanwhile, ODs continue to register at an impressive pace.

"The InfantSEE™ program has a public health concept at its core," said Dr. Jens. "It appears that America's parents have started to acknowledge and appreciate the first program that involves early pro-

fessional eye and vision care as an important part of an infant's wellness routine. Optometrists historically step up when the public needs their services."

AOA members are distributed in urban, suburban, and rural locations to provide primary eye and vision care services to patients of all ages, and are committed to the highest degree of professional care and to proper referral of patients who require specialty examination and treatment.

### Correcting misconceptions

As with any other innovative program, there have been criticisms and misconceptions about InfantSEE™.



AOA News discussed some of these comments with InfantSEE™ Project Team chair Scott Jens, O.D.

**AOA News:** Dr. Jens, what evidence is there that the InfantSEE™ assessment is more effective than the current eye screening protocol?

**Dr. Jens:** There has not yet been a nationwide attempt to scientifically validate an eye and vision assessment of infants in the first year of life by eye care professionals, mainly because infants have not received professional eye exams.

But there is tremendous population-based prevalence data to demonstrate that amblyopia is significantly found in patients ages 7 to 18. It is clear that the current system of screen-

ings is not catching all of these cases at an age when intervention is most effective.

Given the fact that the latest phase of the Vision in Preschoolers (VIP) Study demonstrated a greater than 30 percent failure rate of screenings for older children, and that a large study was published in April 2005 to attempt to describe the value (however, limited) of amblyopia treatment in children older than age 7, AOA is confident that InfantSEE™ assessments have tremendous clinical value.

We believe that we are taking a constructive approach to identifying children with vision problems earlier and are at the forefront of this issue.

The American Optometric Association's Optometric Clinical Practice Guidelines recommend early examination of healthy, non-strabismic infants. The American Public Health Association has issued a similar recommendation.

As a part of an infant's wellness checklist, InfantSEE™ assessments will integrate optometric eye and vision care into the health systems evaluations that parents have accessed for their babies.

We have been gratified by public comments from small numbers of pediatric ophthalmologists that echo our belief that a comprehensive eye examination of a previously screened "normal" child is important. We expect this support to grow as the program

becomes better understood.

**AOA News:** Some people have noted that almost all of the optometrists who are providing InfantSEE™ assessments now did not routinely examine children this age before the program started. Your thoughts?

**Dr. Jens:** It's true that most ODs have not been routinely examining infants. It's also true that there has been very little public awareness of the tests that are available and of the importance of early detection of eye conditions.

Optometrists provide eye and vision care to non-verbal children and adults by utilizing ophthalmic instrumentation and skills that require objective data collection and analysis – with which optometrists have great expertise.

The techniques of assessment are very much a part of an optometrist's routine daily practice, for patients of all ages.

Since AOA believes that many optometrists would appreciate the same comprehensive continuing education for infant eye and vision care that they receive for examination of patients with retinal conditions, inflammatory conditions, or glaucoma, an overview educational course was prepared as part of the initial infrastructure for the InfantSEE™ program launch.

In the end, the key is utilizing specialized optometrists and ophthalmologists in cases of specific risk.

**AOA News:** There have been concerns by some that parents may be given a false sense of security against future risk if the infant is cate-

see *InfantSEE™*, page 10



# National Head Start Association endorses Children's Vision Bill

**T**he National Head Start Association (NHSA) has formally endorsed the Children's Vision Improvement and Learning Readiness Act of 2005 (H.R. 2238).

The AOA-backed legislation, presently pending before Congress, would establish a \$75 million federal grant program to bolster state children's eye examination programs like those in place in states such as Kentucky, North Carolina, Arkansas, Ohio, Massachusetts, Nebraska and Rhode Island.

Introduced by Reps. Bill Pascrell (D-NJ) and Ilena Ros-Lehtinen (R-FL) earlier this year, the bill has attracted bipartisan support with over 160 cosponsors.

The NHSA endorsed the measure as part of its overall effort to provide health, education and nutrition services to low-income children and families.

The association is a private not-for-profit membership organization dedicated to meeting the needs of Head Start children and their families, advocating policies that strengthen services to Head Start children and their families; providing extensive training and professional development to Head Start staff; and developing and disseminating research, information, and resources that enrich Head Start program delivery. It represents the interests of more than 1 million children and 200,000 staff in 2,700 Head Start programs in the United States.

Created in 1965, Head Start is the most successful, longest-running, national school

readiness program in the United States. It provides comprehensive education, health, nutrition, and parent involvement services to low-income children and their families.

More than 22 million preschool age children have benefited from Head Start.

The Children's Vision Bill has attracted growing support since it was introduced with an additional 60 cosponsors in the House of Representatives signing on over just the past three months.

However, additional cosponsors are needed to convince congressional leaders that there is widespread support for a federal grant program to support state children's vision initiatives, according to the AOA Advocacy Group.

"With massive levels of federal dollars flowing into hurricane relief efforts, spending for new programs will be subjected to close scrutiny," noted Jon Hymes, AOA Advocacy Group director.

However, support for the measure has been bolstered by recently published results from Phase II of the National Eye Institute (NEI)-sponsored Vision in Preschoolers (VIP) Study, which found that even the best screening tests miss more than 30 percent of eye and vision problems.

AOA members are encouraged to contact their representatives in support of the Children's Vision Bill.

To make that process simpler and more convenient, an "Action Alert" regarding the Children's Vision bill has been posted on the AOA

Legislative Action Center page of the AOA Web site ([www.aoa.org](http://www.aoa.org)), a special feature designed to make it easy for AOA members to contact lawmakers regarding legislation—even if they have never sent a message to a congressperson before.

Clicking next to the Children's Vision headline in the Web page's "Action Alert" box, AOA members can not only quickly find the congresspersons who represent them, and determine whether any

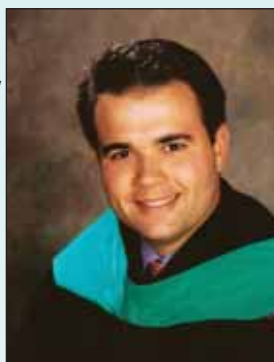
lawmaker has already signed on as a cosponsor of the bill, but automatically access a model message either thanking the lawmaker for cosponsoring the measure or urging the lawmaker to consider cosponsorship of the bill.

The appropriate message will be brought up automatically based on the ZIP code entered.

AOA members can access the AOA Legislative Action Center directly by logging onto <http://capwiz.com/theaoa/home/>.

## Kline picked for Galina grant

The AOA Endowment Fund Advisory Committee announced Tom Kline as the Dr. Seymour Galina Grant recipient for 2005. The \$2,500 grant is awarded annually to an incoming fourth-year optometry student.



Applicants were required to submit an essay to their respective schools, who were then allowed to select one student for consideration by the committee. Kline was chosen from a group of nine eligible finalists.

Kline is a student at the Illinois College of Optometry, where he served as student association president. While in this role, Kline said it was a challenge to change things that were done differently in the past, but that selecting an optimistic point of view allowed him to improve or maintain quality while making fiscally responsible choices. Through his budget savings, he was able to help the student association sponsor social events and club activities.

"When you're in school, you usually focus on academics, and really, the best education is when you focus on the camaraderie with students, instructors and patients," Kline said.

Prior to optometry school, Kline spent six years in the U.S. Marine

Corps before attending Trinity University in San Antonio, TX, where he earned a bachelor's in biology. Upon graduation, Kline plans to start a private practice in Greenville, SC.

## Expanding the program

The Galina grant was established through a bequest from the late Seymour Galina, O.D., a long-time AOA member. The endowment fund has now received an additional gift from the estate, which will allow the fund to offer two \$2,000 grants beginning in 2006.

"It has been nearly 20 years since Dr. Seymour Galina made his initial \$50,000 grant to establish a scholarship for deserving students," said Irving Bennett, O.D., chair of the AOA Endowment Fund Advisory Committee. "To be sure his program continued into perpetuity, Seymour left more money in his will that was probated earlier this year. This has truly been a living legacy. It serves as a wonderful example for others who love the profession and want to help young folks as they enter the field."

Applicants must submit a paper using 1,500 words or less on the following topic: "Qualities I have developed through my financial planning/work experience during and/or before optometry school, that I believe will be most useful to me in a professional optometric practice." The next award recipients will be announced in July 2006.

## InfantSEE™, from page 8

gorized as “normal.” Is that a valid concern?

**Dr. Jens:** Every patient under the care of an optometrist is provided assessment of risk and recommendations for periodic professional care in the future as dictated by risk status.

The InfantSEE™ program has been developed within the same framework, and never has it been stated that an infant that appears to be in a “wellness” state should not be monitored for future risk development.

Optometrists providing this care are fully aware that some infants with developing risk will not show evidence of that risk at an assessment in the first year of life, and similarly that some infants who appear well will still develop significant eye or vision problems within the first five years of life.

A fundamental basis of the InfantSEE™ program is the public education that will allow parents to learn about the importance of periodic, professional eye examinations so fewer children reach the age of 18 with uncorrected, or worse, unmanaged, eye conditions that lead to permanent vision impairment.

We believe that the InfantSEE™ assessment will provide a second layer of assurance to parents.

**AOA News:** Is AOA asserting that the InfantSEE™ program should replace pediatric eye screenings?

**Dr. Jens:** No. AOA has taken clear steps in developing its public message, as well as its messages to allied health professionals, to ensure a clear message of complementary care.

Many American infants with strabismic or ptotic status have been detected by pediatricians

and have received the appropriate interventional care to protect their vision. We have the highest regard for the skills of pediatricians.

But there are limits to the typical pediatric infant exam when it comes to eye assessment. The truth is that many small angle strabismic cases may be missed by screening assessments,



including Brückner/red reflex testing.

Furthermore, early anisometropic refractive status is only evident by retinoscopic examination by an eye care professional or by use of automated instruments that are rarely available to the majority of American infants.

AOA's position is that optometrists should work closely with their community colleagues in pediatrics and pediatric ophthalmology to create a synergistic environment that blends the historical screening philosophy with periodic professional eye care for children, starting in the first year of life.

At no time has AOA recommended that its member doctors inform patients that pediatric screenings should be discontinued.

**AOA News:** People have also argued that this program will result in millions of dollars of unnecessary eye examinations. What's your response?

**Dr. Jens:** I think any doctor who has seen an older child with untreated strabismus or refractive error will tell you that the true cost lies in

the disruptions in a child's life that result from poor vision.

It is my belief that the cost of undiagnosed visual errors are the truly unnecessary costs, especially when we have the expertise, and the willingness, to confront the problem.

Optometrists providing this service have been inspired, in part by the strong recommendation of Former President Jimmy Carter, to provide the initial assessment at no cost.

Clearly, the InfantSEE™ program itself will be seen as a tremendous investment in the well-being of an infant, with optometrists providing millions of dollars of professional care without charge.

We believe that the public health objectives of this program, and its capacity to help the children of America, make that investment worthwhile.

We are being helped by The Vision Care Institute™ of Johnson & Johnson, with contributions earmarked to the American Optometric Institute for use in public education, optometric education, and development of infrastructure such as development of the [www.InfantSEE.org](http://www.InfantSEE.org) Web site.

AOA has a deep gratitude to Phil Keefer of The Vision Care Institute™ of Johnson & Johnson and Pat Cummings, O.D., of Vistakon, for the generosity that made this program a reality and for their role as advocates for the program within Johnson & Johnson.

At the same time, AOA members are volunteering for this effort, and providing their services without compensation.

I ask our critics to

consider the larger “cost” issue: the cost to the individual, the health care system, and to society of undetected and untreated amblyopia.

The April 2005 study that demonstrated some benefit of amblyopia treatment in children over age 7 indicated that success was defined as two lines of acuity improvement, which is significant but not necessarily helpful to a child with 20/100 amblyopia and no measurable binocular function.

**AOA News:** What's next for InfantSEE™?

**Dr. Jens:** As the next year proceeds, AOA will be visible at meetings of the American Academy of Pediatrics and the American Public Health Association as well as the National Rural Health Association. AOA leadership also hopes to continue to establish constructive dialogue with the American Academy of Pediatrics leadership.


The InfantSEE™ Committee appreciates this opportunity to update the AOA membership about the program's early successes and plans to keep AOA members well-informed about the status of the program.

On June 8, 2005, President Jimmy Carter went on national television to tell the public that optometry is to be applauded for its commitment to infants.

I have to agree with so many of my optometry friends who said that day was the proudest ever to have been an OD.

I believe that in the next five or 10 years, optometry will prove itself genuine with this program, and optometrists will be working closer than ever before with pediatricians and ophthalmologists to ensure visual wellness for children.





"VisionWeb, OfficeMate, and ExamWRITER  
are my tools to run the most successful,  
efficient practice possible."

**Lorie Lippiatt, O.D.**  
*The Salem Eyecare Center*

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At The Salem Eyecare Center, being a "technology-integrated office" is the competitive advantage. Dr. Lippiatt and her staff use the latest technology including the power of VisionWeb combined with OfficeMate practice management software and tablet PCs running ExamWRITER to help drive efficiency. This enables them to spend their day focused on providing excellent patient care.

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Isn't it time you discovered your own competitive advantage? Visit [www.govisionweb.com/officemate](http://www.govisionweb.com/officemate) or call 1-800-269-3666 to find out how VisionWeb and OfficeMate can help your practice succeed.

# Practice Assistance Program helps ODs work through management issues

**T**he AOA Practice Assistance Program is a mentoring program now in its fourth year of existence. The program is designed for AOA members seeking advice to be paired with experienced veterans in the field who want to share their expertise.

The “seekers” are primarily newly licensed members who are matched with volunteer “coaches” who have knowledge to share.

There are currently 62 coaches who have assisted over 160 seekers during the course of the program.

“Personally, I think it’s one of the best programs AOA ever did,” said Irving Bennett, O.D., a program coach. “It gives an opportunity for young persons to ask questions and have someone who should know the answers there to help them.”

Dr. Bennett views the program as a service to the profession and said that for many coaches who are retired like himself there is a strong desire to want to continue to practice without actually being employed in practice.

Part of the service includes “encouraging them to do things, but not to make stupid mistakes,” Dr. Bennett said. Coaches can give advice on a myriad of topics ranging from buying or selling a practice to overseeing the dispensary.

The confidential program is free and is usually conducted by phone or email.

The following is an example of an interaction between two program participants. The seeker is in the process of buying a practice and

the coach is helping her make informed decisions.

**Seeker:** There’s a retail plaza being built in a town about 15 miles from the current practice location and the practice could increase in size if it moved there.

**Coach:** With the idea of moving the practice, as you buy it, you automatically reduce the value of the practice because it’s not only changing doctors, it’s also changing location. Not a good idea.

**Seeker:** The seller offered me an associate-ship instead of purchasing the practice outright. It sounded to me like he wanted someone to help with his vacations.

**Coach:** Your analysis of what the seller has in mind with your buying into the practice may be correct. My feelings parallel yours.

**Seeker:** The current location is closer to my home and more convenient for me. If the practice moves to a new location, I’ll have a much longer commute.

**Coach:** Another good reason that this suggestion is not a good one.

**Seeker:** If I buy the practice outright, what if he opens up a new practice in the new retail plaza 15 miles away? Is it reasonable to have a non-compete cover that location, or is it too far away?

**Coach:** Bite your tongue. What would be wrong if this doctor takes a copy of the patient records and aggressively markets to them in a new location just outside the non-compete distance? Be sure that you have your attorney protect you against this.

**Seeker:** The new OD

taking over my current practice wants to meet about obtaining the records. The seller is interested also. Any thoughts on this?

**Coach:** Records are most valuable to you and second most valuable to the person taking your place. If you can keep 5 percent (you should do better than that) of your former patients, that is 5 percent of your former patients will travel 25 miles to see you, you will make a lot more than you could ever

expect from the sale of your records.

That is why I would hate to see the seller of the practice you plan to buy make copies of the records (just names and addresses would suffice) and market to them in another location.

If you would like to be a “coach or a “seeker” or for more information on the program, visit [www.aoa.org/membership/pmAssistance.asp](http://www.aoa.org/membership/pmAssistance.asp) or contact Linda Smith at [LDSmith@aoa.org](mailto:LDSmith@aoa.org) or (800) 365-2219, ext. 151.

## New program offers optometric faculty forum to collaborate

The AOA Faculty Relations Committee will offer a new program at Optometry’s Meeting™ 2006 in Las Vegas. The Optometric Educator’s Exchange (OEE) gives faculty the opportunity to receive expert guidance and get a fresh perspective on teaching.

“We hope to deliver a program where teachers grow as teachers,” said Chris Lievens, O.D., chair of OEE subcommittee.

The full-day program will be held Friday, June 23 and will be highlighted by keynote speaker Terrence Doyle, MEd., professor at Ferris State University. Doyle will talk about assessing students to promote long-term learning and recall.

Following the group session, faculty can select two morning break-out sessions from topics such as the following:

- ❖ Training clinical preceptors
- ❖ Implementing technology in the classroom
- ❖ Review of current brain research with regards to teaching

The afternoon session will be geared more toward collaboration, according to Dr. Lievens. The structure will allow roundtable discussions, giving faculty the opportunity to share ideas, exchange syllabi and network with other faculty.

The committee developed the program’s concept after receiving feedback from an AOA survey of faculty. If the program is successful, Dr. Lievens said they plan to make it an annual event.

Optometry’s Meeting™ 2006 will be held in Las Vegas, June 21 to 25 at the Mandalay Bay Resort and Casino. For more information, contact [clievens@sco.edu](mailto:clievens@sco.edu).



# J.D. Power finds VSP, Costco score highest in satisfaction

**J**.D. Power and Associates' studies rank Vision Service Plan (VSP) highest in satisfying vision plan members and Costco highest in satisfying customers among large eye care retailers.

The results were announced at International Vision Expo West last month in Las Vegas. For the second year, VSP ranked highest. It was the first time the J.D. Power organization surveyed customers of optical retailers.

The J.D. Power and Associates 2005 National Vision Plan Member Satisfaction Study measured satisfaction based on the following five performance factors (listed in order of importance): coverage and benefits, cost, eye doctor network and clinical service, eyewear purchase experience, and customer service.

VSP received the highest rankings in four of those areas, rating particularly high in the areas of doctor network and clinical service and eyewear purchase experience. VSP and Cole Managed Vision shared the highest rating in customer service.

"One of VSP's strengths is the fact that it exclusively uses a network of independent eye doctors," said Steven D. Wood, senior vice president and general manager of the health care practice at J.D. Power and Associates.

"While members appreciate the cost and choice of lenses and frames available through plans whose networks include vision chains, department stores and mass merchandisers, those members who see an independent eye doctor tend to have higher

levels of overall satisfaction. The ability for consumers to select from a large array of local independent doctors is a considerable advantage for VSP members."

The study also found that only 11 percent of vision plan members said they received both a written and verbal summary of plan savings at the time of eyewear purchase. Members who do receive this explanation rate their plans much higher on all member experience factors.

This study was based on responses from 1,125 vision plan members who had an eye exam in the past 24 months.

## Retail survey

J.D. Power and Associates' retail vision study measured satisfaction among eye care customers of mass merchandisers, vision chains and department stores.

The following six performance factors are in order of importance: eyewear purchase experience, cost, retail store environment, choice and variety of eyewear, eye doctor office environment, and eye exam.

Of the 13 retail chains included in the study, the top three were mass merchandisers.

Costco led the industry in the areas of cost and choice and variety of eyewear.

The company also had a high proportion of customers who indicated they will repurchase and recommend spectacles and contact lenses from Costco optical centers.

"However, competition among optical retailers is fierce and only customers with the highest possible satisfaction scores indicate a strong likelihood of purchasing

from the same retailer again," Wood said.

Retail customers reported dissatisfaction with vision correction an average of nine percent of the time for spectacles and 14 percent for contact lenses. Customers also reported an overall 18 percent initial problem rate with spectacle frames. Of those experiencing frame problems, 28 percent say the problem was never fully resolved.

This study was based on responses from 2,861 customers who purchased spectacles



**David Stefan of J.D. Power and Associates, left, presents the award for member satisfaction to Don Yee, VSP's senior vice president of marketing & corporate development.**

and/or contact lenses from a mass merchandiser, vision chain or department store in the past 12 months.

## Optometry offers guidance on OPLs

Academic literature and clinical experience indicates that occupational progressive lenses (OPLs) can meet the computer, office, viewing needs of many patients, authors James E. Sheedy, O.D., and Raymond F. Hardy conclude in their article on the lenses in *Optometry: Journal of the American Optometric Association*.

However, clear differences exist among the various occupational progressive lenses now available, the authors note.

"The Optics of Occupational Progressive Lenses," which appears in the August issue of *Optometry*, analyzes the characteristics of seven OPLs: AO Technica, Cosmolit Office, Essilor Interview, Hoya Tact, Shamir Office, SOLA Access, and Zeiss Gradel RD.

The article also suggests methodologies practitioners might use to objectively compare OPLs and select the lens that will best address the visual needs of a patient.

Other clinical articles in the issue include:

"Juxtapapillary hemangioma: a case report and review of clinical features and management of von Hippel-Lindau disease" by Mira Silbert Aumiller, O.D.; "Complications of intravitreal steroid injections," by Michelle L. Reiche, O.D., and; "Evaluation of a clinical aberrometer for lower-order accuracy and repeatability, higher-order repeatability, and instrument myopia," by Col. Thomas O. Salmon, O.D., and Lt. Corina van de Pol, O.D.

*Optometry: Journal of the American Optometric Association* is mailed to all practicing AOA members and optometry school students monthly as an AOA member benefit.

## President, from page 3

fee schedule update.

A flawed formula known as the Sustainable Growth Rate (SGR) has been used to calculate the update since 1997.

Using the SGR, the Centers for Medicare and Medicaid Services (CMS) have recommended cuts in the fee schedule update for each of the past five years.

On Aug. 8, CMS published the 2006 fee schedule, which calls for a 4.3 percent cut in physician payments beginning Jan. 1.

That's not the end of the bad news; CMS is also projecting additional cuts of 26 percent through 2011.

If these proposed cuts are not stopped, Medicare payment rates 10 years from now will be little more than half what they were in 1991, after adjusting for practice cost inflation.

This would have a devastating effect on the Medicare program, and would limit severely patient access to care.

The AOA has been working with the American Medical Association and other specialty societies to forestall the proposed

cut for 2006 and to replace the SGR with a more equitable payment program.

We will be working overtime on this issue, but we may not know if it will be resolved successfully until just before Congress adjourns.

*AOA has been working with the American Medical Association and other specialty societies to forestall the proposed Medicare cut.*

We hope to see action this fall on a key regulatory issue: the Federal Trade Commission (FTC) regulation of the Fairness to Contact Lens Consumers Act (FCLCA).

The AOA has been working with federal regulators and lawmakers to ensure that prescription verification requirements are enforced. Provisions of the law became fully effective a year ago when the FTC published the Contact Lens Rule.

AOA members and other prescribing doctors have complained to the FTC about an auto-

mated verification system being used by a leading contact lens seller.

Hundreds of complaints have been filed with the FTC citing the automated system with violations of various specific aspects of the contact lens law, includ-

ing allegations that it has proven to be unduly burdensome and disruptive for doctors and can promote the sale of lenses without valid prescriptions in certain cases.

We have been in regular contact with FTC officials, even inviting them to appear for a Q&A session at the 2005 AOA Congressional Conference, and have been making a case before Congress in meetings with key representatives and senators.

At the urging of the AOA, members of Congress have weighed in strongly with the FTC

to express concerns about reported abuses, including Sen. Ben Nelson (D-NE) and Rep. Tom Osborne (R-NE).

In recent weeks, we've laid the groundwork for a Capitol Hill meeting that will focus solely on examining complaints received and reported by the AOA.

We will continue to work aggressively to keep the pressure on to ensure that prescription verification requirements are fully enforced.

Finally, an issue that remains high atop our priority list relates to provider nondiscrimination and optometric access to managed care panels.

We have been working to break down barriers to optometric care in managed care for more than a decade. We have seen triumphs such as the recent announcement about Albertson's beginning to cover medical eye services performed within the scope of optometric licenses, and we have seen disappointments such as the loss of momentum and failure to enact the Patients' Bill of Rights and its patient protection standards.

We hope that patience and persistence will pay off as we battle to ensure that new Medicare Advantage plans adopt inclusive network policies.

At the same time, we will continue to educate private ERISA plans on how optometric involvement leads to better patient care. Success begets success, so we must always keep in mind that while the road is daunting, each successful step we take as a profession makes the path ahead of us a little smoother.



## Legislation, from page 6

has submitted Roger L. Jordan, O.D., for possible nomination to the U.S. Department of Health and Human Services' Practicing Physicians Advisory Council (PPAC).

The PPAC advises HHS on certain proposed changes in Medicare regulations and carrier manual instructions relative to physician services.

Letters of support for Dr. Jordan have been submitted by the Wyoming Board of Examiners in

Optometry, the Wyoming Optometric Association, and U.S. Sen. Michael B. Enzi (R-WY).

### SSA visual disability determinations

The AOA Advocacy Group plans to formally comment as needed on new rules proposed by the Social Security Administration (SSA) to update medical criteria that eye care providers use to determine visual disability.

The AOA Advocacy Group in August requested members of the AOA Low Vision Rehabilitation Section, the Commission on Ophthalmic Standards and other appropriate members of the AOA volunteer structure carefully review the new rule in its entirety.

The electronic version of the proposed rules is available in the Federal Register at [www.access.gpo.gov/su\\_docs/fedreg/frcont05.html](http://www.access.gpo.gov/su_docs/fedreg/frcont05.html). Public comment is due to SSA by Oct. 17, 2005.



# Increase sales and profits by BECOMING A FASHION EYEWEAR LEADER



Prestigious designer eyewear and sunwear are among the most popular fashion accessories of our time. Fashion eyewear offers patients an affordable means of owning a leading brand name for all to see. By making a relatively small investment, your patients can have an impressive accessory from a fashion house they love.

Industry surveys prove that those professional practitioners who carry a wide assortment of world-class designer and brand name frames — and show their fashion savvy by staying on top of today's hottest fashion trends — have consistently increased their sales and profits.

## Key Strategies For Success

You can make your practice the leading source of fashion eyewear and sunwear in your community. A serious commitment to prescribing and dispensing fashion frames encompasses these key elements:

- **World Class Brands:** Your dispensary must appear to have a substantial number of leading designer and brand name collections from which patients can choose. Prestigious brand names add credibility to your practice, making it a "fashion eyewear destination."
- **Fashion Insight:** Your staff should be familiar with the latest eyewear trends in terms of size, color, shape, and embellishment. Staying on top of the trends shows your practice's fashion savvy and positions you as the place to go for fashion eyewear.
- **Styling Savvy:** There is no one frame choice that is perfect for all patients. Identifying your patients' fashion preferences — and knowing the styles and collections that best fit your patients' tastes — helps you optimize their eyewear selections. In addition, you and your staff should be knowledgeable about facial structures and the most flattering frames for every face shape.
- **Celebrity Status:** From Paris Hilton and Angelina Jolie to Robert DeNiro and Matthew McConaughey, A-list celebrities, sports figures and everyday heroes continue to set the fashion pace. An awareness of what frames the "Hollywood Hotties" are wearing puts you and your associates in the fashion know.
- **Professional Merchandising:** Professionally designed merchandising materials are critical to capturing patient attention and maximizing brand name visibility: Dynamic window displays, expertly designed signage, eye-catching posters and counter cards — all effectively merchandise your most prominent fashion brands.





# GLAMOUR RULES TH

## Educating Patients on the Key Fashion Trends

This season eyewear consumers have an extraordinary choice of glamorous high-fashion sunwear and ophthalmic designs. Big bold shapes, textural combinations of plastic and metal, prominent logo presentation, lots of glittery embellishments, and an awesome array of color are all part of the season's fashion eyewear picture.

### ■ Big and Bold

Oversized geometrics, sports-inspired wraps and large shields fit flawlessly into the glamour trend. Just when we thought eyewear and sunwear couldn't get any bigger, they seem to have reached even greater proportions. Big, bold designs that engulf the face in cutting-edge fashion lead the way in head-turning style this season. Wrap looks, perfect for the urban or outdoor adventurer, continue to gain strength, combining fashion with sporty design. (Shown: BV 550)

### ■ Color Me Beautiful

Saturated, rich colors of plum, purple and pink are at the center of the color palette. While many collections feature softer colorations of lavender, pale blue, and champagne, the presence of bolder colors such as red, cranberry and mustard are evident as well. Tortoise lovers will rejoice in the wide variety of tones, mixtures and combinations now available and animal lovers will delight in the unique animal print renditions featured this season. (Shown: VO 2383B)

### ■ Razzle Dazzle

Shimmering stones, enamel accents, and laser-etched temple designs are standout embellishments this season. Both large and small split temples highlight many collections while bold, Swarovski-encrusted logos are at the leading edge of eyewear fashion. Fashion-forward studs, featured on large, square eye-shapes, complete the fashion picture. (Shown: VE 3043B)

### ■ Mixed Media

While fashion trends point to big and bold, consumers still demand lightweight comfort in their frames. The marriage of plastic and metal is evident in many of the season's fashion eyewear collections, with frames combining streamlined metal fronts and plastic temples or vice-versa. Creatively mixing materials such as bold plastic with lightweight metal or titanium considerably reduces the overall weight of a frame, while maintaining — even enhancing — its design integrity. (Shown: MU 55CV)





# THE RUNWAY:

ds

## ■ Love That Logo

Good news for logo lovers! They're everywhere. For those who embrace bold, high-visibility logos, prestigious designer names embellished with Swarovski crystal will be difficult to resist. Innovative designs are featured in script or rendered in oversized logo presentations boldly placed on temples or on hinges for all to see. (Shown: CH 5096B)



## ■ Fashion Meets Function

Today's fashion-conscious consumers want eyewear that is performance oriented as well as fashionable. In addition to high-tech lens designs, hytrel temple tips, cable temples, and spring hinges — beta titanium compression drill mounts raise the bar in state-of-the-art titanium eyewear. Beta titanium is hypoallergenic and corrosion resistant, while compression drill mount technology is the ideal choice for spare, barely-there profiles. (Shown: BB 372T)

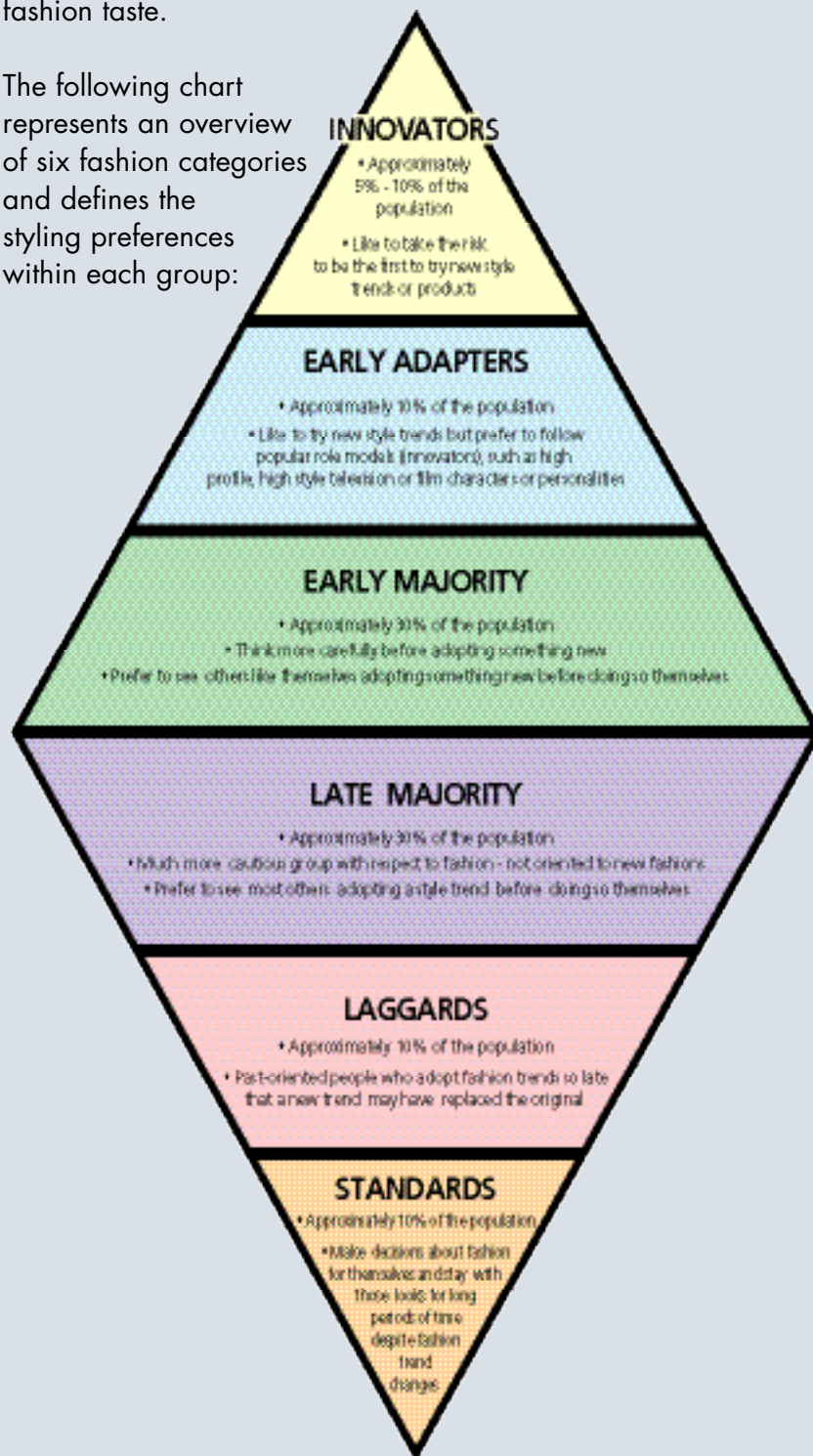




# Defining The Fashion Marketplace

**Fashion Categories.** Fashion eyewear is as diverse and different as the varied tastes of eyewear consumers everywhere. Collections run the gamut from leading edge to classic to ultra-conservative, with styles created to satisfy virtually every fashion taste.

The following chart represents an overview of six fashion categories and defines the styling preferences within each group:



**Patient Preferences.** Understanding your patients' fashion preferences - and knowing which collections and styles fulfill their needs and demands - enables you to more easily dispense the frames that fit perfectly with their tastes and lifestyles. To assist you in choosing the right eyewear for the many facets of your patients' lives, we've highlighted some of today's most popular looks.

## Donna Karan - DK 1509

Created for the sophisticated, affluent woman with a sense of strong individual style.



## Vogue - VO 3511SB

Young, trendy styling designed for the fashion innovator.



## Versace - VE 1079B

Designed for those who choose to express their strength, confidence and uniqueness through a bold and distinctive personal style.



## Ray-Ban - RB 3025

For patients who remain true to the classics, yet want their frames to be in keeping with today's contemporary urban fashion.



## Prada - PR 01GS

Designed for fashion trendsetters who appreciate style and product innovation.



## Persol - PO 2230S

Choice of the world's most discriminating people, long favored for its elegant, understated design.



## Brooks Brothers - BB 354

Professional and classic, reflecting a dedication to 'tradition with a modern attitude.'



Combining your professional knowledge and recommendations with the power and prestige of popular designer and brand name frames can establish you as a fashion leader. Exciting new eyewear and sunwear introductions ... dynamic new high-tech features and benefits. . . and increased demand among eyewear patients for high quality, high fashion styles. . . all add up to one, indisputable fact: Selling more fashion eyewear will bring greater profitability and prestige to your practice.

**LUXOTTICA**

This educational advertorial was provided by the Luxottica Group. Founded in 1961, Luxottica Group is the world leader in the design, manufacture and marketing of quality eyewear and sunwear. Luxottica features 22 designer and brand name collections, E-Z Frame Practice Management Software and EyeMed Managed Vision Care.

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AOA Trustee Joe E. Ellis, O.D., left, accepts a \$100,000 contribution to the Optometric Disaster Relief Fund from Bruce Mebine, O.D., chairman of the board of VSP.



Essilor of America President Mike Daley, left, and AOA President-elect and President of AOI C. Thomas Crooks, III, O.D. The company contributed \$100,000 to the ODRF.

## Response, from page 1

Colorado Optometric Association, Essilor, Florida Optometric Society, Heart of America Contact Lens Society, Hydrogel Vision Corp., Jobson Publishing, Santinelli Int'l, and Vision Service Plan.

These contributions are in addition to product and service donations (See story, page

20), and are expected to continue to rise as many companies have pledged to match their employees' contributions.

Contributions can be made online at [www.aoa.org](http://www.aoa.org), or by writing to The AOI Optometric Disaster Relief Fund, 243 N. Lindbergh Blvd., St. Louis, MO 63141-7881.

To apply, ODs can either download a form from the AOA Web site, [www.aoa.org](http://www.aoa.org) or call their state optometric association. The state association will verify the need and distribute the funds.



## AMO promotes VISION USA

Advanced Medical Optics, Inc. (AMO) has begun a search for America's Most Beautiful Eyes with the help of actress Melinda Clarke, who currently stars on Fox's "The O.C."

Before Oct. 15, consumers can vote for the celebrity they think has the most beautiful eyes at <http://sweepstakes.completemoistureplus.com/> and enter the sweepstakes for a chance to win a trip to Orange County, CA, a year's supply of Complete® MoisturePLUS™ MPS and other prizes.

A portion of proceeds from the promotional period will benefit VISION USA, a non-profit organization affiliated with the AOA that provides basic eye health and vision care services free of charge to underprivileged individuals and families.

Through this promotion, the company hopes to highlight and raise awareness of eye care in general, according to Jeff Martin, regional marketing manager, Eye Care for AMO's Americas Division.

"We embrace opportunities to help educate our consumers about how to take care of their eyes to keep them healthy and beautiful," said Martin. "The Complete® MoisturePLUS™ search for America's Most Beautiful Eyes will give us a chance to reach out to doctors and consumers in an entirely new, engaging way."

Consumers can select both a male and female celebrity with the most beautiful eyes. Contest winners will be announced at the beginning of November.

Clarke, who stars as Julie Cooper-Nichol on the show "The O.C.," will serve as the program's spokesperson and appear on packaging for the three-month promotional period.

"As an actress, I know how important eyes are in how you look and how you communicate, and thought this would be a unique way to draw attention to eye care while supporting a great cause through the alignment with VISION USA," said Clarke. "As an occasional contact lens wearer, I also know firsthand that comfort is extremely important, and how you care for your contact lenses can make a huge difference in how comfortable your eyes feel at the end of the day."

Complete® MoisturePLUS™ brand is the first and only multi-purpose solution that is fortified with two FDA-recognized artificial tear ingredients, plus taurine and beneficial electrolytes, that all work together to support the health and well-being of the wearers' eyes for all-day comfort. Its four-hour soak time and no-rub formulation make it convenient for soft contact lens wearers, the company stated.

University of Houston College of Optometry student Joshua Morrison uses a slit lamp to examine a Hurricane Katrina evacuee. The college set up exam lanes at the Reliant Arena/ Astrodome Health Complex in Houston to provide eye care and treatment to victims of the hurricane.



## Heart of America CL Society donates to OD relief fund

At the AOA Carrier Advisory Committee meeting last month, Heart of America Contact Lens Society President Mike Todd, O.D., left, presented a check for \$25,000 to AOA Trustee Randy Brooks, O.D., for the Optometric Disaster Relief Fund. The fund was established by the American Optometric Institute, a not-for-profit foundation. See story, page 1.

## AOA materials for National Diabetes Month Campaign coming soon

Diabetes materials are being developed to help members promote National Diabetes Month in their communities this November. The Member Kits will include one set each of two patient education sheets on tear-off pads in quantities of 50, the PDFs of each sheet on CD for duplication, a quantity of 20 Vision Simulator Cards, a "how-to" promote the campaign guide also on CD, and a poster.

The inserts will cover the topics of: What is Diabetes?, What Does My Optometrist See?, Living with Diabetes and Preventing Eye Disease, and Low Vision Rehabilitation. These tear-off sheets are excellent resources for use at health fairs, community presentations, and in the office.

Materials will be ready in early October. Members can request a kit by sending an e-mail to [publicrelations@aoa.org](mailto:publicrelations@aoa.org) or by calling (800) 365-2219, ext. 176.

## Industry announces hurricane relief work

**Many, many firms have participated in the efforts to help people recover from Hurricane Katrina. Following is a partial list:**

**ABB Optical** has sponsored an employee drive to collect cash and dry goods for victims of Hurricane Katrina on the Gulf Coast. ABB Optical will increase its employees' contributions by adding \$5 in aid from the company for every \$1 donated by its employees to the relief effort.

"We consider it our corporate responsibility to help our neighbors in need," said Angel Alvarez, ABB Optical's chief executive officer. "Our 240 employees already have responded with great generosity to our appeal."

The **Alcon Foundation** made an immediate \$100,000 cash contribution to the American Red Cross and has committed to match the total dollar amount of U.S. employee and retiree personal contributions made to Katrina relief efforts through Oct. 15. The Foundation's matching cash contribution will be made to the American Red Cross.

In addition, contributions of Alcon eye medications, antibiotics, lubricants and contact lens care products and kits are committed as needed and on-going to the Katrina relief effort.

"We are receiving daily requests for eye medications," said Director of Professional Relations Dave Sattler.

"Alcon product contribution shipments are supporting many eye care professionals who are volunteering their time and skills in and around the Gulf Coast region, at the Astrodome and at many other evacuee shelters as these doctors provide eye exams and dispense needed medications to avoid serious eye infections, and lubricants to ease the eye irritations being experienced."

Alcon product contributions are also being provided through the local United Way for immediate delivery to evacuee shelters in the Dallas/Fort Worth area. These contributions are also being extended to U.S. relief agencies that are partnering with the American Red Cross.

Total product contributions shipped to-date are valued at almost \$1million wholesale value.

And, Alcon employees are collecting non-perishable food items and clothing/personal items for local Katrina evacuee shelters.

**CIBA Vision** donated to the American Red Cross and American Optometric Institute fund for affected optometrists.

Their parent company, Novartis, agreed to match employee contributions to the Red Cross or AmeriCares. Employee donations have already reached \$335,000. They also organized a food drive to benefit hurricane victims.

**Essilor of America** has pledged up to \$500,000 in monetary contributions, as well as providing lenses and other services, in order to assist those affected by the hurricane.

Essilor's support includes assistance to other organizations such as AOA and Vision Council of America.

Essilor Laboratories of America will also provide lab services in the affected area.

"I am pleased that Essilor is contributing in such a major way toward rebuilding efforts for the optical community, as well as all the families, who are the true victims of this disaster. I sincerely hope others will follow our lead to help support these well-intentioned efforts," said Mike Daley, president of Essilor Lenses.

**Transitions Optical's** facility in Pinellas Park, FL, is collecting donations using a raffle. The company will match all donations.

**Vision Service Plan (VSP)** donated \$15 million in monetary support and services to victims of the hurricane.

"Through our emergency services, we hope to support those affected by Hurricane Katrina, whether that's a senior citizen who needs a replacement pair of glasses or an optometrist determined to rebuild their practice," said Roger J. Valine, president and CEO.

VSP, through the American Red Cross, distributed more than 27,000 vouchers for a free exam and spectacles to victims.

They also provided mobile eye exam services in affected areas for those unable to travel.

VSP members who either lost or damaged their spectacles as a result of the hurricane can have them replaced for free.

In addition, the VSP Crisis Assistance Loan Program will provide financial assistance to doctors needing to repair or rebuild an eye care practice. Support is based on the amount of VSP claim activity for up to three months.



**Available for a Limited Time!**



**With my  
glasses on  
my face!**



For all the  
children of the  
world who need  
or wear glasses,  
this is a very  
happy story!

Illustration by Judy Arledge



## **"With My Glasses On My Face"**

*"For the past 18 months I have used the "With My Glasses On My Face" book...in my office. Not only are the kids more comfortable, but I find my exams are so much more efficient because the child has gained trust and confidence in me as a doctor. I would highly recommend this book to all clinicians." - W. Scott Albrecht, O.D.*

Judy Arledge is a grandmother of two young children who wear glasses. She wrote "With My Glasses on My Face" to provide a way to "share the experience of the journey to corrected sight from a young child's perspective." This children's book will be available for a limited time from the AOA Order Department.



**B1 - "With My Glasses On My Face" \$12.00 Each**

**4**

**WAYS  
TO ORDER**

**Mail** this completed order form to: American Optometric Association  
Attn: Order Department, 243 N. Lindbergh Blvd., St. Louis, MO 63141-7881  
**Telephone** toll-free (800) 262-2210  
**FAX** the completed form to: (314) 991-4101  
**E-mail** your order to JRPayne@AOA.org

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Telephone (\_\_\_\_\_) FAX (\_\_\_\_\_)

ITEM	QTY.	TOTAL PRICE
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Advanced Medical Optics

Alcon

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CIBA Vision Corporation

CooperVision

Essilor of America

HOYA Vision Care

Luxottica Group

Marchon Eyewear

Optos

Signet Armorlite

TLC Vision Corporation

Transitions Optical

Vision Service Plan

VisionWeb

Vistakon, division of Johnson & Johnson Vision Care

## Industry Profile: Transitions Optical

Transitions Optical, Inc. continually strives to offer the most complete package to its partners in the optical industry, with a long legacy of providing the most advanced technology and most comprehensive support for eye care professionals.

With decades of research dedicated to photochromics and optical plastics, Transitions offers unparalleled photochromic performance in the widest selection of lens designs, materials and brand names.

After revolutionizing the optical industry with the first commercially viable plastic photochromic lenses in 1990, the company again showed its technology leadership in 1997 with the introduction of photochromic lenses in polycarbonate, and in 2002 with the first photochromic lens that was virtually as clear indoors as a regular clear lens.

Transitions continues to push the boundaries of clarity, darkness and speed while never losing sight of other critical performance factors such as:

- ❖ UV blockage,
- ❖ Widespread availability in the latest materials and designs,
- ❖ Coatings compatibility,
- ❖ Fatigue resistance, and
- ❖ Temperature sensitivity.

It is the balance of all these factors that make Transitions® Lenses the No. 1 recommended photochromic lens worldwide.

### An Important Mission

Product performance is not the only asset Transitions offers the optical industry. The company shares with its partners dedication to providing healthy sight solutions.

Transitions' commitment to providing UV protection in all its products is a reflection of this larger corporate healthy sight mission, and helped make Transitions Lenses the first to earn AOA's Seal of Acceptance for Ultraviolet Absorbers/Blockers.

Transitions believes its healthy sight mission extends beyond merely providing an excellent healthy vision product solution like its lenses, but also entails an abiding commitment to educational leadership and supporting those on the front lines delivering quality eye care.

This dedication to healthy sight and to supporting its partners has resulted in extensive initiatives to build awareness about the need for UV and glare protection and to encourage consumers to seek healthy sight solutions from their eye care professionals. Some of Transitions efforts and services include:

- ❖ Consumer education programs, like Eye Didn't Know That!,
- ❖ Point-of-sale and patient education tools,
- ❖ Consumer outreach through advertising and the news media,
- ❖ Resources like the Transitions Online Marketing tool that allow industry professionals to leverage Transitions' national marketing at the local level,
- ❖ Education modules,
- ❖ Research and clinical papers,
- ❖ Support of industry associations and education

For information, visit [Transitions.com](http://Transitions.com) or call (800) 848-1506.

*Industry Profile is a regular feature in AOA News allowing members of the Ophthalmic Council to express themselves on issues and products they consider important to the members of AOA.*

## Essilor launching 1.74 index

Essilor of America, Inc. will push technology in the lens industry with the introduction of Thin & Lite® 1.74, complete with Crizal® Alizé™ this month.

Available Oct. 10, Essilor will be the first to offer 1.74 index, the highest index on the market. Thin & Lite 1.74 will be the thinnest and flattest high-index lenses available, making it "a marquis lens choice for all patients," according to the company.

"Essilor is very proud to exclusively offer the highest index lens on the market," said Mike Daley, president of Essilor Lenses.

"Thin & Lite 1.74 lenses exemplify our continued efforts to bring unmatched material quality combined with unparalleled optics now offered in single vision and Varilux® Panamic® both complete with Crizal Alizé. This lens allows eye care professionals to offer premium lenses that add cosmetic benefits in the best ultra high-index lens to their patients," Daley said.

Thin & Lite 1.74 delivers the industry's most advanced optical performance in a flat design while preserving cosmetic appeal.

Thin & Lite 1.74 incorporates optical aspheric technology into the lens design that results in a change of dioptric value, reducing optical aberration in the periphery of the lens.

Thin & Lite 1.74 with Crizal Alizé will be available through Varilux and Crizal distributors.

Thin & Lite 1.74 is the thinnest lens available on the market, 50 percent thinner than standard CR-39® and ultra lightweight. The lens is flat for ideal cosmetics and patients will experience sharp vision in the center and periphery.

Thin & Lite 1.74 lenses are offered in both single vision and Varilux Panamic.

All lenses systematically include Crizal Alizé. Power ranges for the product are: Thin & Lite 1.74 in Varilux Panamic, -20.00 to +8.00 up to a 4.00 cylinder and single vision, -18.00 to +10.00 up to a 4.00 cylinder.

## Bulgari line extended



**Eight new elegant Bulgari models feature rich multi-textural design and delicate jeweled detailing. Shapes range from narrow rectangles to deeper, more classic designs that are ideal for people of all ages. Striking color combinations and dazzling temples complete the look of the collection, which is designed for the high-end market. Temples are embellished with emerald cut stones, creating eye jewelry that is pure Bulgari. Shown is Bulgari style BV 276-B.**



# Industry News



## Wavefront tech moving into spectacles, CLs

**V**ision correction aided by wavefront corrections have moved forward, with the market launch of spectacle lenses, and the coming launch of contact lenses shaped by the technology.

Ophthonix at Vision Expo West last month outlined how nearly 1,000 patients in Southern California have been fitted with iZon Wavefront Guided Spectacles.

"We are seeing a wearer preference of 3:1 and 99 percent adaptation rate," said Andreas Dreher, Ph.D., president and CEO of Ophthonix.

He noted that it is rare to have a spectacle lens maker provide results of clinical trials, but in the case of the iZon lenses, randomized trials with placebo lenses are showing a marked improvement in patients' visual acuity and contrast sensitivity.

The company is gradually expanding the availability of the lenses, which are prescribed using the company's Z-View Aberrometer and patented lens material and manufacturing process.

All lenses are in a 1.60 material, with scratch-resistant and anti-

reflective coatings standard. The lenses range from -6D to +4D, and turnaround time is averaging 10 days.

At the same time, Optical Connection is moving forward with contact lenses created using the same wavefront prescriptions.

At Vision Expo West, the company previewed results of a clinical study on seven current soft contact lens designs including Definition<sup>AC</sup> by OCI.

The study was performed using on-eye measurements from the Z-View Aberrometer by Ophthonix to determine

the relative increase or decrease in total higher order aberrations, including spherical aberration, with each brand.

The company also previewed iZon by Definition Wavefront-guided Contact Lenses. The lenses are manufactured by using in-office aberrometry readings over PreWave trial lenses. That information is then transmitted electronically to OCI where the proprietary WaveTouchProcess is used to manufacture the customized Wavefront patient lenses.

The company is about to begin extended clinical tests of the lenses.

## Companies recognized for contributions to Optometric Disaster Relief Fund

From left, Alcon Vice President of Sales Marv Morrison; AOA President Richard L. Wallingford, O.D.; Alcon Director of Professional Relations Dave Sattler; and AOA President-elect and President of AOI C. Thomas Crooks, III, O.D., meet at Vision Expo West. Alcon's contribution to the Optometric Disaster Relief Fund is one of many actions taken by the Fort Worth, TX-based company.



Recognizing CIBA Vision for their contribution to the Optometric Disaster Relief Fund are, from left, AOA President Richard L. Wallingford, O.D.; CIBA President Karen Gough, CIBA Vice President of Professional Relations Rick Weisbarth, O.D.; AOA President-elect and President of AOI C. Thomas Crooks, III, O.D.; AOA Immediate Past President Wesley L. Pittman, O.D.; AOA Vice President Kevin L. Alexander, O.D., Ph.D.; and AOA Secretary-Treasurer Peter H. Kehoe, O.D.

AOA Professional Relations Committee member Jacqueline Bowen, O.D., with VFW member. Photographs by John M. Brand, O.D.



## AOA again offers eye assessments at VFW's national convention

**P**resident George W. Bush, former Homeland Security Secretary Tom Ridge and Secretary of Veterans Affairs R. James Nicholson delivered major addresses on national policy issues during the 106th National Convention of the Veterans of Foreign Wars (VFW), Aug. 20-25 in Salt Lake City.

In addition, the more than 15,000 delegates to the national meeting of the nation's largest veteran's organization also had the opportunity to learn firsthand about eye and vision care. The AOA Professional Relations Committee and Utah Optometric Association offered free eye health and vision assessments to all convention attendees.

In all, more than 1,050 eyes were seen in a special AOA booth, staffed by volunteer optometrists, optometric interns from the Department of Veterans Affairs Medical Center in Salt Lake City and lay volunteers during the five-day event. The eye examinations were offered as part of a veteran's health fair that has become a featured part of the annual convention.

The Salt Lake City VFW convention marked the second at which volunteer optometrists have offered complimentary eye examinations. The examinations proved

popular when offered by AOA and the Ohio Optometric Association at last year's VFW convention in Cincinnati.

The VFW convention represents the largest gathering of veterans in the nation each year.

In addition to assessing hundreds of veterans for eye health care and vision problems, the effort at the annual meeting of the 1.8 million-member organization represents an important outreach effort, demonstrating the importance of regular comprehensive eye care to generations of aging veterans—and other segments of the population, according to Beth A. Kneib, O.D., chair of the AOA Professional Relations Committee.

Among the dignitaries taking an escorted tour of the assessment operation was General Kao Hua-Chu, Minister of the Veterans Affairs Commission of the Republic of China (Taiwan), who was briefed by AOA Professional Relations Committee member Satya Verma, O.D., regarding the importance of eye health assessments.

AOA would especially like to thank Clive Watson, executive director of the Utah Optometric Association for his hard work in securing ODs to aid in this worthwhile event.

## SWCO names Bedell executive director

**T**he Southwest Council of Optometry has named Niki Bedell executive director.

Bedell practiced as a dental hygienist before completing her master's degree in public health at the UT Health Science Center in Houston.

From 1990 to 2000 she was the director of continuing education at the University of Houston College of Optometry.

In 1994, she began a placement service at UHCO, and in 1997, she took on the duties of development director.

She left in January 2000 to accept the directorship of the American Board of Optometric Practice.

Bedell returned to UHCO in early 2002 as the research coordinator for the Visual Optics Institute and now holds the position of program coordinator in the Office of the Dean for professional advancement. In the spring of 2004, she became the first administrator for the Harris County Optometric Society. Prior to her appointment as executive director, she worked with the Southwest Council of Optometry as a consultant.

## NRHA names new CEO

**A**lan Morgan has been named chief executive officer of the National Rural Health Association (NRHA)—a key ally in AOA efforts to ensure adequate access to eye and vision care in rural America.

Morgan has served as staff for former Rep. Dick Nichols (R-KS) and former Kansas Gov. Mike Hayden (R) as well as a government relations specialist for several health care-related entities. He had served as NRHA's interim executive director since February and, prior to that, as its vice president of government affairs and policy.

"Alan is keenly aware of the importance of primary eye care for all Americans, and especially its importance to the health and well-being of rural Americans. He is passionate about health policy and achieving change through that policy," said Norma K. Bowyer, O.D., M.P.H., a

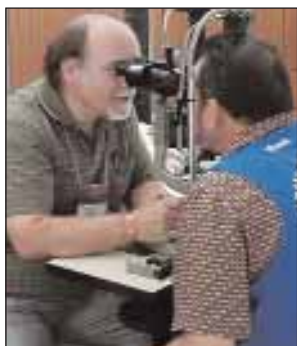
member of the AOA Professional Relations Committee and chair of the NRHA Membership Committee.

Morgan has been active in implementing a memorandum of understanding between NRHA and AOA, and was primarily responsible for arranging a two-day meeting between federal Office of Rural Health officials, AOA representatives, and NRHA representatives on the "challenges and potential policy solutions for providing quality, affordable, sustainable eye care in rural and frontier areas of the country," Dr. Bowyer said.

The meeting is scheduled for September 27-28th in Alexandria, VA.

Dr. Bowyer encourages AOA members with an interest in rural health issues to consider membership in the NRHA at the full or "advocate" levels.

For information see [www.nrha.com](http://www.nrha.com).



John M. Brand, O.D., of the VA Medical Center, Salt Lake City performs slit lamp biomicroscopy.



Utah Optometric Association member Paul Paxman, O.D., performs direct ophthalmoscopy.



# Calendar



## October

ANNUAL CONGRESS NORTH DAKOTA OPTOMETRIC ASSOCIATION 701/258-6766 nkopp@btinet.net Oct. 13-15, 2005 Ramada Plaza Suites Fargo, ND

FALL EDUCATION MEETING ARKANSAS OPTOMETRIC ASSOCIATION 501/661-7675 arop@swbell.net www.arkansasoptometric.org Oct. 13-16, 2005 Grand Casino Convention Center, Tunica MS

GREAT WESTERN COUNCIL OF OPTOMETRY CONGRESS 2005 406/443-1160 info@gwco.org Oct. 13-16, 2005 Doubletree Lloyd Center Hotel & Oregon Convention Center, Portland OR

International Light Association 2nd Annual Conference, Light and Health Oct. 13-16, 2005 University of Brussels Belgium Medical School Hospital Dr. Jennifer Breiling FAX: 520-478-9969 Jen4nel@sbcglobal.net

ANNUAL MEETING AMERICAN ACADEMY OF OPHTHALMOLOGY 866/320-3203 registration@aao.org Oct. 15-18, 2005 McCormick Place Chicago, IL

ALUMNI REUNION SOUTHERN CALIFORNIA COLLEGE OF OPTOMETRY 714/449-7442 satkinson@scco.edu http://www.scco.edu Oct. 8-9, 2005 Southern California College of Optometry

HAWKEYE INSTITUTE Oct. 20 & 21, 2005 Cedar Rapids Marriott Hotel, Iowa Optometric Association 800/444-1772 515/222-5679 chrish@iowaoptometry.org http://www.iowaoptometry.org

OPTOMETRY DAY 2005, Optometric Society of the District of Columbia Oct. 23, 2005 Key Bridge Marriott, www.primarycareopt.com

FALL EDUCATION CONGRESS KENTUCKY OPTOMETRIC ASSOCIATION 502/875-3516 julie@kyeyes.org http://www.kyeyes.org Oct. 27-30, 2005 Park Vista Resort, Gatlinburg, TN

EAST-WEST EYE CONFERENCE OHIO OPTOMETRIC ASSOCIATION 614/781-0708 info@ooa.org www.eastwest-eye.org Oct. 27-30, 2005 Cleveland Convention Center

ANNUAL MEETING NEW HAMPSHIRE OPTOMETRIC ASSOCIATION 603/964-2885 optometrist@comcast.net Oct. 28-30, 2005 Portsmouth, NH

## November

35th ANNUAL COVD MEETING 888/268-3770 covdoffice@sbcglobal.net Nov. 1-5, 2005 Wyndham Palace Resort and Spa Orlando, FL www.covd.org

ARIZONA OPTOMETRIC ASSOCIATION FALL CONGRESS CE in the Red Rocks Nov. 4-6, 2005 Hilton Sedona Resort Sedona, AZ Jane Lynch 602/279-0055 FAX: 602/264-6356 info@azoa.org

HAWAII OPTOMETRIC ASSOCIATION 45TH ANNUAL CONVENTION Island of Maui at the Fairmont Kea Lani. Nov. 6-9, 2005. (808) 537-5678, fax (808) 537-1509

## December

MAINE OPTOMETRIC ASSOCIATION'S ANNUAL CONFERENCE Dec. 2-4, 2005 Eastland Hotel, Portland, Maine 207/626-9920 FAX: 207/626-9935 moa.office@maineeyedoctors.com www.maineeyedoctors.com

AMERICAN ACADEMY OF

OPTOMETRY, Dec. 8-11, 2005 San Diego Convention Center. www.aaopt.org

## January

ARIZONA OPTOMETRIC ASSOCIATION Bronstein Contact Lens Seminar, Jan. 27-29, 2006 Chaparral Suites Resort Scottsdale, AZ Jane Lynch 602/279-0055 FAX: 602/264-6356 info@azoa

## February

Tropical Sea E 2006 Season February 1-7, 2006 St. Kitts Marriott Royal Beach Resort, Frigate Bay, St. Kitts, West Indies Helen Jacobs Helen@tropicalesae.com

## March

Tropical Sea E 2006 Season March 1-7, 2006 Curaçao Marriott Beach Resort, Curaçao, Netherlands Antilles Helen Jacobs Helen@tropicalesae.com

Tropical Sea E 2006 Season March 29-April 4, 2006 CasaMagna Marriott Resort, Puerto Vallarta, Mexico

For more meetings information, visit [www.AOANews.org](http://www.AOANews.org). To submit an item, send a note to [EventCalendar@aoa.org](mailto:EventCalendar@aoa.org)

## Golf Tournament honors memory of Rob Soltes, O.D.

The Garden Grove, CA, Lions Club is hosting a Memorial Golf Tournament to honor Rob Soltes O.D., who was killed in action on Aug. 13, 2004, in Mosul, Iraq.

"Dr. Soltes provided eye exams and glasses to underprivileged children from the community. It is our goal to raise funds to continue the eye glass program that Dr. Soltes championed, as well as to contribute to a trust fund for his three children," according to organizers.

The Lions are looking for sponsors, golfers, auction items, and raffle prizes for this event, which will be held at The Navy Golf Course Seal Beach in Cypress, CA, on Oct. 14, 2005.

For further information, please call: Golf Chair John Durkin (714) 955-2785 or visit [www.robsoltes.com](http://www.robsoltes.com).

For details on special AOA-endorsed programs:

### Credit Card Processing System

Bank of America Merchant Services 877-695-2472

### Delivery Service

United Parcel Service 800-325-7000

### Equipment Leasing

Great America Leasing 800 274-2641 Popular Leasing USA 800-365-3992

### Human Resources Assistance

Gevity Staff Leasing 888-271-7066

### Long-Term Disability Insurance

AGIA 800-245-4454

### On-Hold Messages

The Original On-Hold Company 800-688-4181

### Practice Appraisals

Irving Bennett Business and Practice Management Center — PCO 215-780-1237 or 1235 Practice Appraisal & Mediation

Gary Moss, O.D. 978-692-2999

### Professional Liability Insurance

Marsh/Seabury & Smith 800-503-9230

### Retirement Planning

Equitable Life Assurance Society Existing Plans 800-526-2701

New Plans 800-523-1125

### Long-distance Service

AOA Telecommunications Network 800-237-8015

### Rental – Automobile

National Car Rental

800-227-7368

ID# 5703894

Stillll@NationalCar.com

### Mastercard Platinum

Plus Card

MBNA – Applications

800-523-7666

Gen. Info 800-421-2110

### Student Debt Consolidation

AOAAdvantage Program 866-408-5626





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- **Persistence**—More patients stayed on XALATAN longer than other PGs and other first-line monotherapies<sup>7,8</sup>
- The **#1 prescribed IOP-lowering agent**<sup>†</sup> and the only PG indicated for first-line use

*Because patient success depends on both*  
**EFFICACY & TOLERABILITY**

XALATAN is indicated for the reduction of elevated intraocular pressure (IOP) in patients with open-angle glaucoma (OAG) or ocular hypertension (OH).

**Important Safety Information:** XALATAN can cause changes to pigmented tissues. Most frequently reported are increased pigmentation of the iris, periorbital tissue (eyelid) and eyelashes, and growth of eyelashes. Pigmentation is expected to increase as long as XALATAN is administered. This pigmentation is likely to be permanent while eyelid skin darkening and eyelash changes may be reversible. The effects beyond 5 years are unknown.

Most common ocular events/signs and symptoms (5% to 15%) reported with XALATAN in the three 6-month registration trials included blurred vision, burning and stinging, conjunctival hyperemia, foreign-body sensation, itching, increased iris pigmentation, and punctate epithelial keratopathy.

Please see brief summary of prescribing information on adjacent page.

**FIRST-LINE**

**Xalatan**

latanoprost ophthalmic solution

**POWER IS ONLY ONE OF OUR STRENGTHS™**